

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DRIGGS, CITY OF

ADDRESS: P.O. BOX 48
DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES
ROAD

ATTN: JARED GUNDERSON, PUB WKS DIR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.18	12.4			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	414.75	103.68		*****	101.7	25.42			Twice Per Month	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Every Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	337	*****			Twice Per Month	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8.2			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	139.06	34.76		*****	34.1	8.52			Twice Per Month	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	249.2	*****			Twice Per Month	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.329	.651		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.08		*****	.2	.59			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	8			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	69	*****	*****			Twice Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	86	*****	*****			Twice Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	128.01	32		*****	31.39	7.84			Twice Per Month	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	115 MO AVG	230 WKLY AVG	lb/d	*****	23 MO AVG	46 WKLY AVG	mg/L		Twice Per Month	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.1	16.2			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	353.03	88.25		*****	102	25.5			Twice Per Month	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Every Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	203.9	*****			Twice Per Month	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	129.79	32.44		*****	37.5	9.37			Twice Per Month	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	132.5	*****			Twice Per Month	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.448	.505		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.03	.08		*****	.68	.08			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	152	279			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	49	*****	*****			Twice Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	71	*****	*****			Twice Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD

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Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	104.45	26.11		*****	30.18	7.5			Twice Per Month	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	115 MO AVG	230 WKLY AVG	lb/d	*****	23 MO AVG	46 WKLY AVG	mg/L		Twice Per Month	GRAB

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.7	20.1			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.6	4.6			Twice Per Year	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	351.72	87.93		*****	88.6	22.15			Twice Per Month	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Every Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	240.9	*****			Twice Per Month	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	280	280			Twice Per Year	GRAB
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	178.64	44.66		*****	45	11.25			Twice Per Month	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Per Month	GRAB

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Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	128	*****			Twice Per Month	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	85.8	85.8			Twice Per Year	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1			Twice Per Year	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.81	6.81			Twice Per Year	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.8	14.8			Twice Per Year	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.38	.48		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.037	.08		*****	.83	.08			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	GRAB

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E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2420	2420			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	398	.398			Twice Per Year	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	63	*****	*****			Twice Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	64	*****	*****			Twice Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DRIGGS, CITY OF

ADDRESS: P.O. BOX 48
DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES
ROAD

ATTN: JARED GUNDERSON, PUB WKS DIR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	115.64	28.91		*****	29.13	7.28			Twice Per Month	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	115 MO AVG	230 WKLY AVG	lb/d	*****	23 MO AVG	46 WKLY AVG	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DRIGGS, CITY OF

ADDRESS: P.O. BOX 48
DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES
ROAD

ATTN: JARED GUNDERSON, PUB WKS DIR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.58	20.2			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60.95	15.23		*****	15.23	3.77			Twice Per Month	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Every Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	126	*****			Twice Per Month	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8.5			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	86.78	21.69		*****	21.5	5.37			Twice Per Month	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	54.8	*****			Twice Per Month	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.297	.496		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DRIGGS, CITY OF

ADDRESS: P.O. BOX 48
DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES
ROAD

ATTN: JARED GUNDERSON, PUB WKS DIR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.02	.08		*****	.02	.45			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	16			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Twice Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	60	*****	*****			Twice Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DRIGGS, CITY OF

ADDRESS: P.O. BOX 48
DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES
ROAD

ATTN: JARED GUNDERSON, PUB WKS DIR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	40.04	10.01		*****	9.92	2.48			Twice Per Month	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	115 MO AVG	230 WKLY AVG	lb/d	*****	23 MO AVG	46 WKLY AVG	mg/L		Twice Per Month	GRAB

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES
ROAD

ATTN: JARED GUNDERSON, PUB WKS DIR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.96	20			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	226.51	56.62		*****	67.9	16.97			Twice Per Month	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Every Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	506.4	*****			Twice Per Month	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	133.44	33.36		*****	40	10			Twice Per Month	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	859	*****			Twice Per Month	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.363	.518		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DRIGGS, CITY OF

ADDRESS: P.O. BOX 48
DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES
ROAD

ATTN: JARED GUNDERSON, PUB WKS DIR

ID0020141	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.013	.014		*****	.29	.08			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	34			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	86	*****	*****			Twice Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Twice Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD

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FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

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ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83422

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(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	121.29	30.32		*****	36.36	9.09			Twice Per Month	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	115 MO AVG	230 WKLY AVG	lb/d	*****	23 MO AVG	46 WKLY AVG	mg/L		Twice Per Month	GRAB

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

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ROAD

ATTN: JARED GUNDERSON, PUB WKS DIR

ID0020141	001-A
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MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.52	16.8			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.97	16.24		*****	21	5.25			Twice Per Month	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Every Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	410.8	*****			Twice Per Month	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	116.03	16.24		*****	21	9.37			Twice Per Month	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 MO AVG	325 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	298.9	*****			Twice Per Month	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.25	.391		*****	*****	*****	*****		Continuous	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DRIGGS, CITY OF

ADDRESS: P.O. BOX 48
DRIGGS, ID 83422

FACILITY: DRIGGS, CITY OF - DRIGGS WWTP

LOCATION: 0.6 MILE WEST OF DRIGGS ON WEST BATES
ROAD

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09/01/2013	09/30/2013

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OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.023	.08		*****	.026	.59				GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.062 MO AVG	.089 DAILY MX	lb/d	*****	12.4 MO AVG	17.8 DAILY MX	ug/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	20				GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Twice Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****			Twice Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MINIMUM	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DRIGGS, CITY OF

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ATTN: JARED GUNDERSON, PUB WKS DIR

ID0020141	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83422

MINOR

(SUBR 06)

OUTFALL TO TRIB. TO WOODS CR.

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	71.9	17.97		*****	23.24	5.81			Twice Per Month	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	115 MO AVG	230 WKLY AVG	lb/d	*****	23 MO AVG	46 WKLY AVG	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)